GET AWAY GIVE AWAY REGISTRATION FORM - 2024

This form & \$200 must be returned to the FFC office 3495 W 18th Ave by January 15th All

• • •	arch 1st. An additional \$50 will be added to late applicants. PLEASE
	OMPLETELY. We need it for travel insurance in Mexico.
DOB	
	
ZIP	
PHONE	EMAIL
T-SHIRT SIZE	
EMERGENCY CONTACT	PHONE #
	DIETARY NEEDS?
THIS YEAR'S TRIP	
Price: \$890 per person. family of five.	2,350 for a family of three. \$3,100 for a family of four. \$3,750 for a
Dates: March 21, 2024 21st at 6 am. The actua	nrough March 30, 2024. The group will depart from EFC, Thursday Mar. work time in Mexico is Mar. 23rd through Mar. 28th. There is a rice for those who arrange their own transportation.
Parker at 541-915-4694. F	out Eugene Friends' Church's website eugenefriendschurch.org or call Clyde gistration forms can be dropped off at the EFC office 3495 W. 18th Avenue ed to eugenefriends3495@gmail.com. You will be placed on an email list for seting times and places.
PARENTAL CONSE	T SECTION:
NAME OF	
CHILD	
CHILDADDRESS	
CHILDADDRESS	GRADE INPHONE
CHILDADDRESS BIRTHDAYSCHOOL	

To Whom It May Concern:

The undersigned does hereby give permission for our (my) child, whose name appears on this form, to attend and participate in the mission trip to Mexico sponsored by Eugene Friends Church called "Get-Away Give-Away" from March 21, 2024 through March 30, 2024. It is with my permission that they cross the border into Mexico.

We (I) authorize an adult in leadership of this event to consent to any x-ray, examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under

the general or specific supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. If it is not feasible for treatment to be undertaken in the U.S., I consent to treatment in the best possible facility in Mexico that adult leadership has available

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical or dental services rendered to the above-mentioned minor. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned will assume all transportation costs.

I also hereby give my permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while participation in this trip.

SIGNATURE OF PARENTS:		
Printed Name		
Signature		
Printed Name		
Signature		
Legal Guardian Printed Name		
Signature		
OTHER IMPORTANT INFORMATION:		
Your child's insurance carrier	Policy # of carrier	
Emergency phone numbers		
List all allergies, special food needs, medical issues, or p	al ve en la la de cours de la company	
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